



Surgeon General Schoomaker explains the Army's progress in building **PCMH**, as compared to the **Navy** and **Air Force**



You Tube Video



Who was the shooter's Doctor?

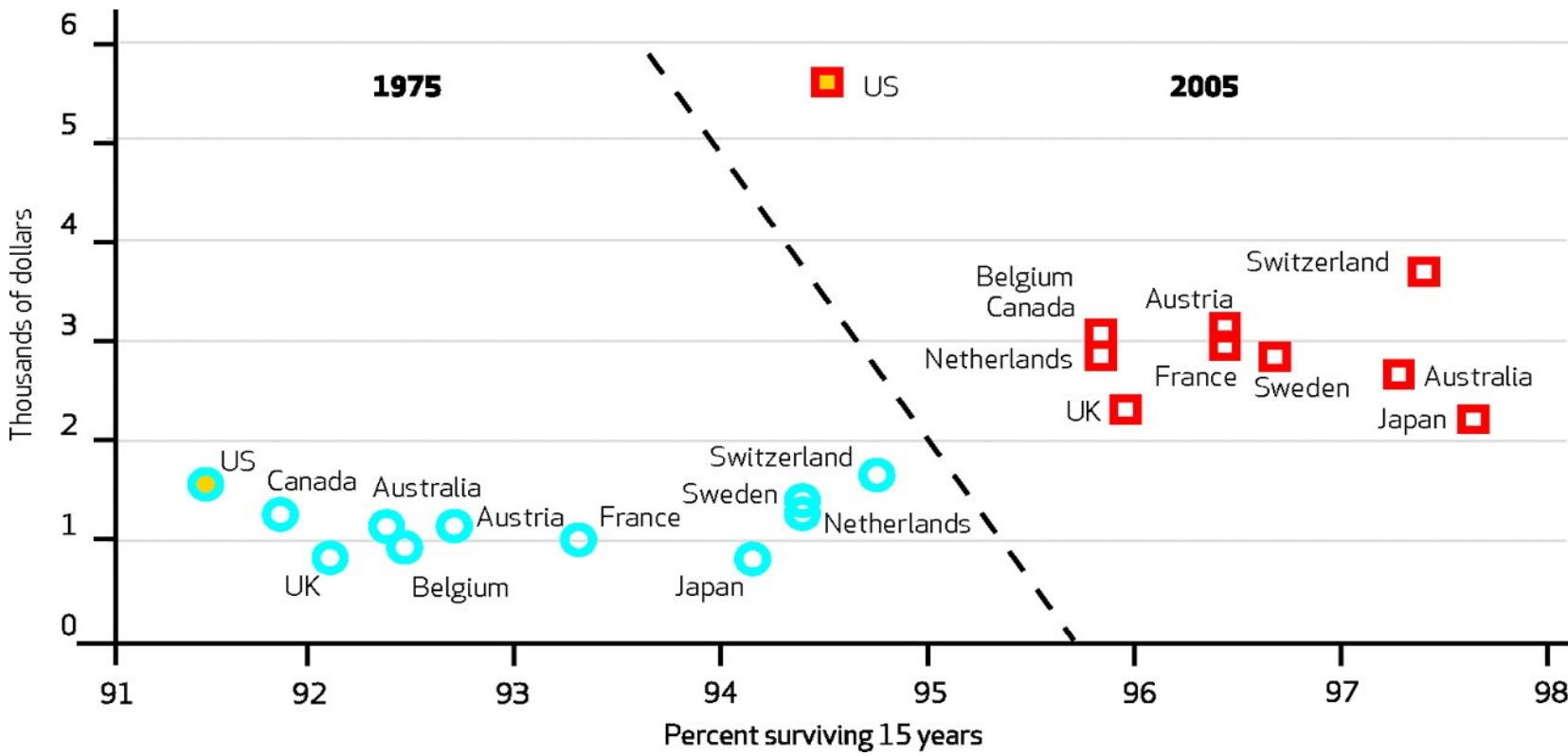




Don't handle your care needs in a **BAD MEDICAL NEIGHBORHOOD!!**

Unaccountable care, lack of organization, **DO NOT GO THERE ALONE !!**

Be wise when you pay for care, **KNOW WHAT YOU BUY!!**

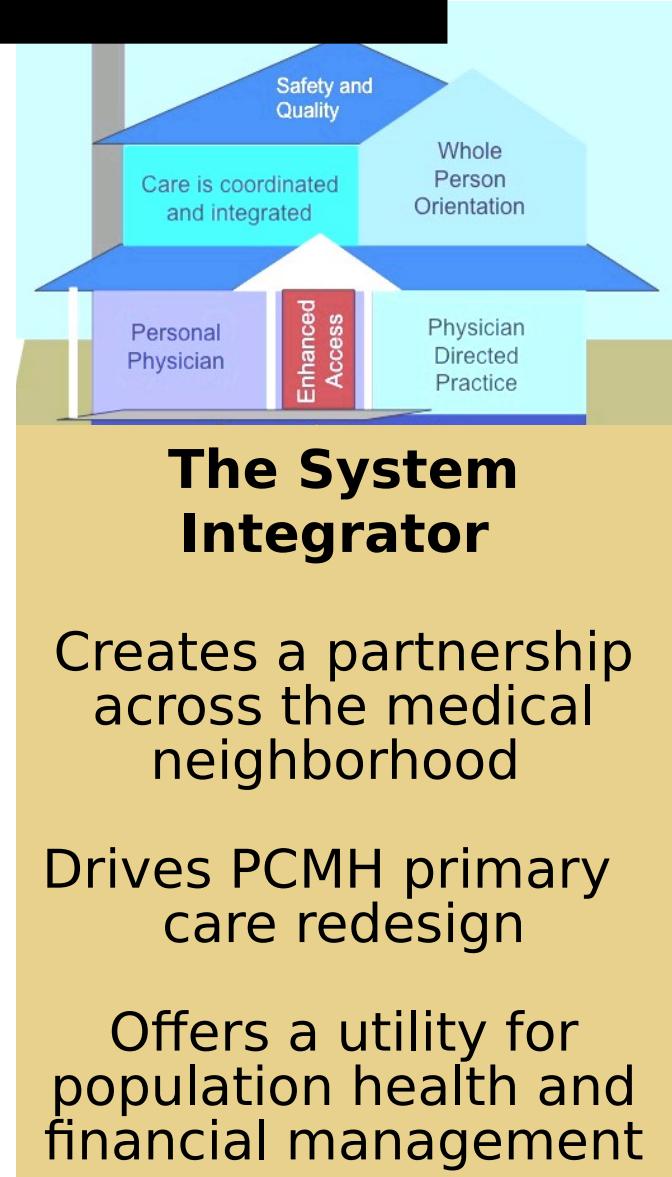
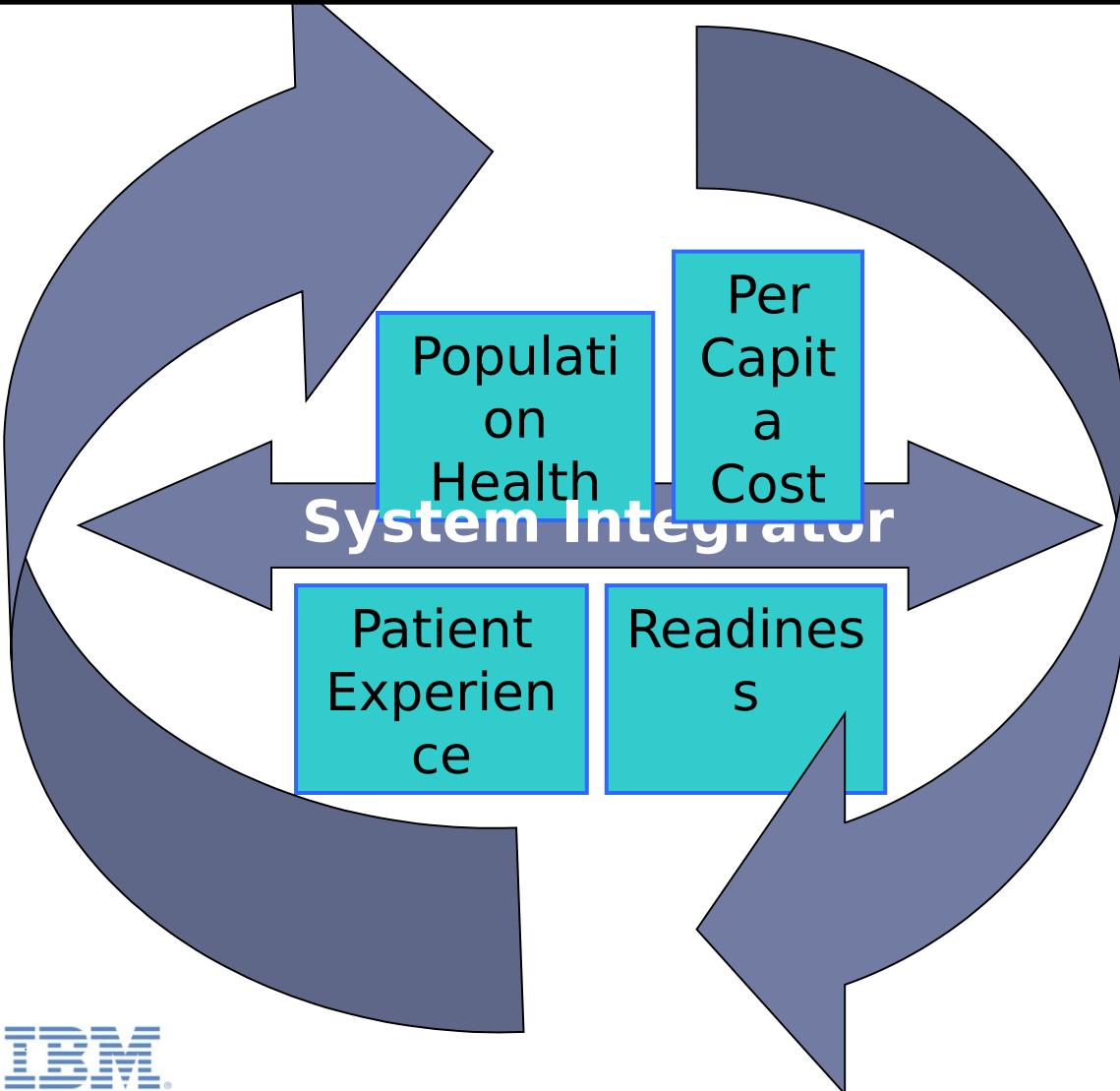


The Cause? Mostly due to **unregulated fee-for-service payments and an over reliance on rescue/specialty care**. This is stark evidence that the U.S. health care Industry has been failing us for years “Commonly cited causes for the nation's poor performance are not to blame - it is the failure of the delivery system!!” *

You the DOD are part of the delivery system - you are trained at Unaccountable Care Organizations, you act as if you are paid the same way and for TRICARE you do pay the same way.

The Quadruple Aim

Readiness, Experience of Care, Population Health, Cost



First ARMY Community Based Medical Home (CBMH)



- Compressive vs Episodic
- Integrated
- Accessible
- Coordinated

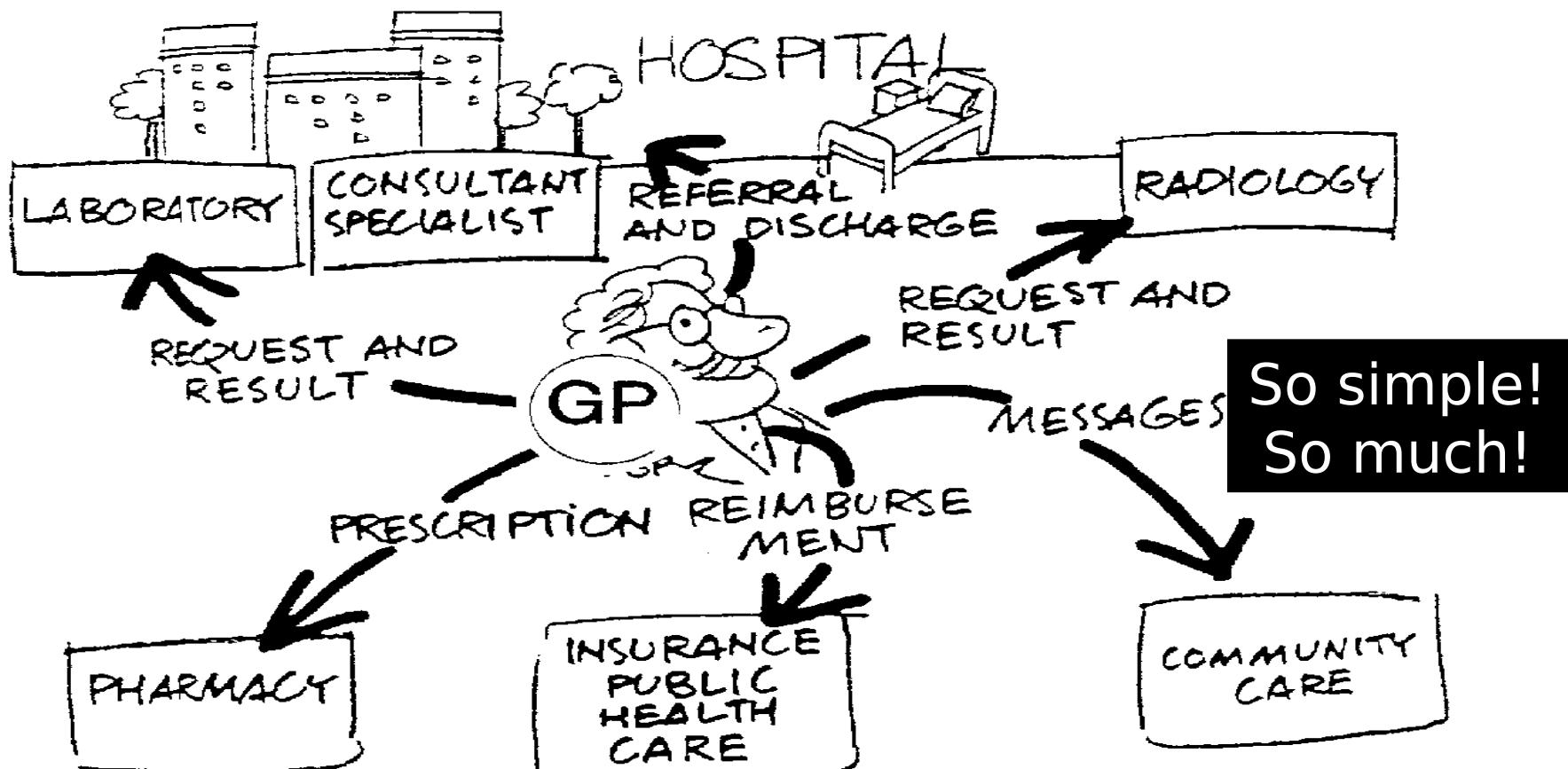
Surgeon General Schoomaker explaining to the 101st Division (Air Assault), the foundation of PCMH to Fort Campbell commander Maj. Gen. Wiercinski in Navy Terms.

- You need a Captain for the ship
- You need a place of command and control
- You need a horizontal platform from which to launch vertical weapon systems
- You need somewhere and someone to hold accountable



If you scan the world for value based healthcare, you will find a common element: a relationship-based team with a **project manager!**

A **comprehensivist** that can command and control in an accountable system.



TRICARE Management Activity

Medical Home launched in 2010



As of January 2011:

- 655,000 out of 9.5 million beneficiaries enrolled
- **750 TRICARE network providers** have been certified as medical homes



Rear Admiral Christine S.
Hunter
Deputy Director
TRICARE Management
Activity

Posted January 17th, 2011 by USNavySeals;
<http://blog.usnavyseals.com/2011/01/tricare-delivers-improved-health-care-through-%E2%80%9Cmedical-home%E2%80%9D.html>.

Medical Home Port

Navy Medicine's New Game Changer



“Medical Home Port will be a real game changer for Navy Medicine and the entire Military Health System. It will provide our service members and their families better access to care, reducing reliance on private sector care and emergency room visits for off hour standard care needs.”

- *Vice Admiral Adam M. Robinson Jr., MC,
Surgeon General of the Navy*

Force Family Health Initiative Improves Provider Continuity



Our providers are given full clinical oversight of their care teams and expected to practice to the full scope of their training.

Two of our initial bases Edwards AFB, Calif., and Ellsworth AFB, South Dakota, have dramatically improved their national standings in cost containment, patient satisfaction, access to care and quality of care.



Lt. Gen. (Dr.) Charles B. Green
Air Force Surgeon General



Air Force Service Delivery Assessment:

Focus on Patient Experience

1/12/2011



WASHINGTON (AFNS) -

Patient feedback through the service delivery assessment, a centralized telephone survey program, provides Air Force clinics with direct, rapid and relevant feedback vital to national security, Air Force Medical Service officials said.





Brig. Gen. Joseph Caravalho commanding general of Brooke Army Medical Center, San Antonio, Texas, and the Southern Regional Medical Command

Released January 22, 2011

Defining the Care



Superb Access
to Care

Patient
Engagement in
Care

Clinical Information
Systems

Care Coordination



Team Care

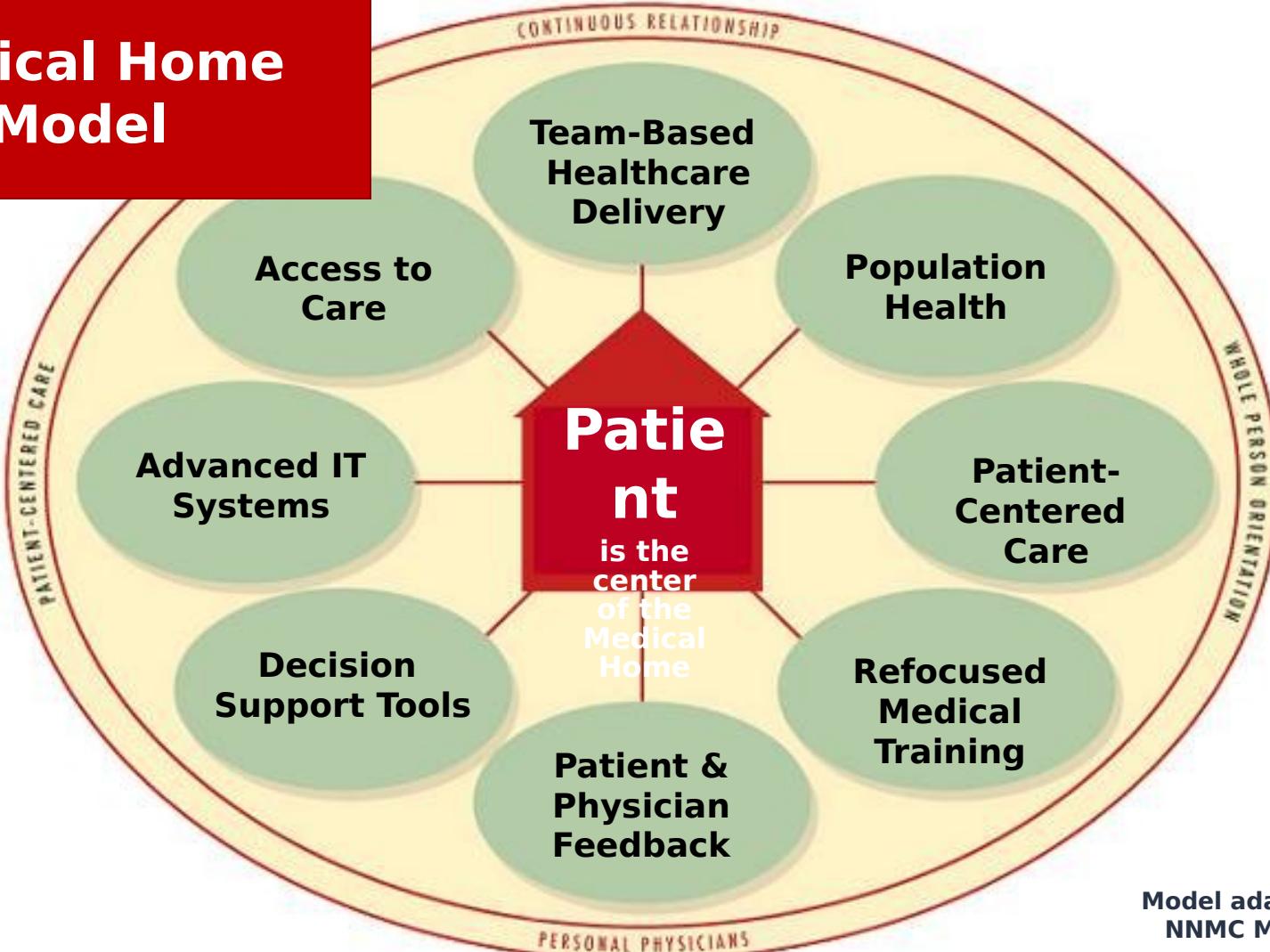
Patient Feedback

Publically Available
Information



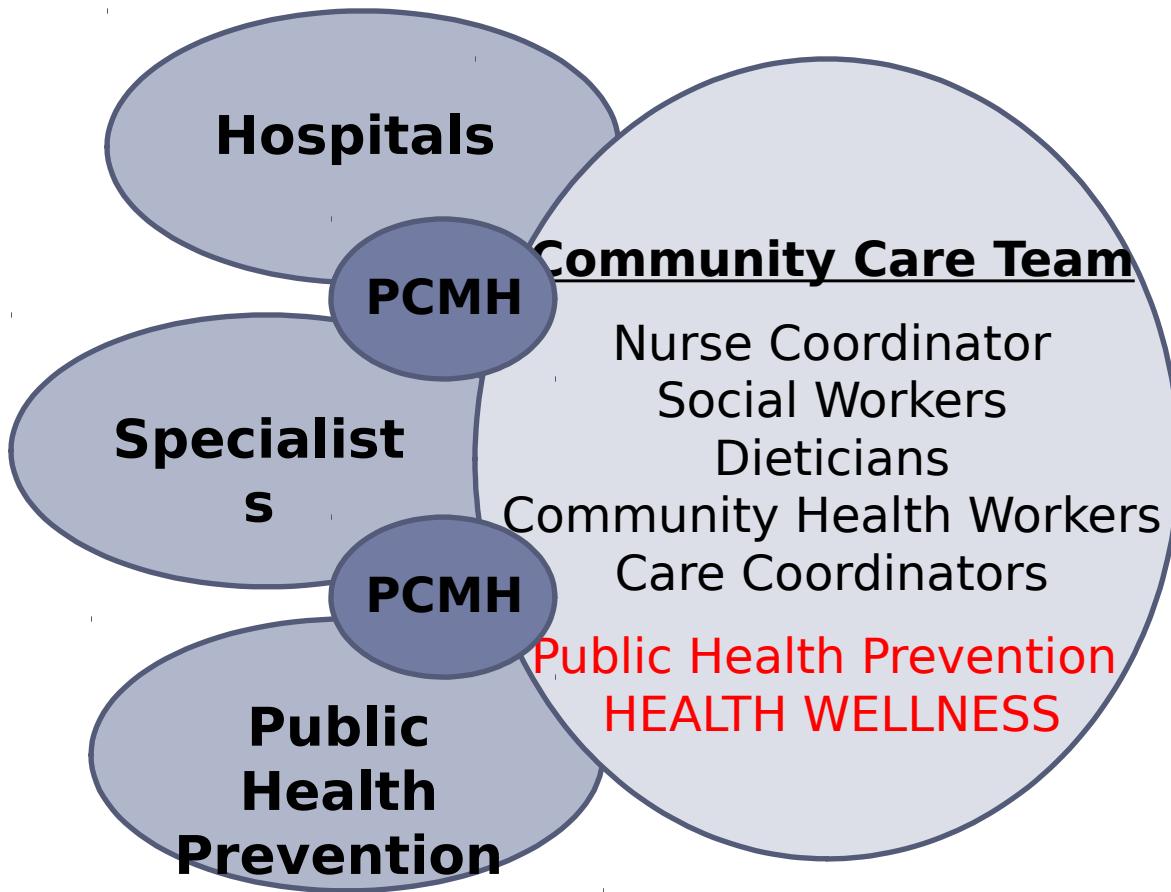
Enhancing Health and the Patient Experience

Medical Home Model



PCMH in Action

Vermont “Blueprint” model



A Coordinated Health System

Health IT Framework

Global Information Framework

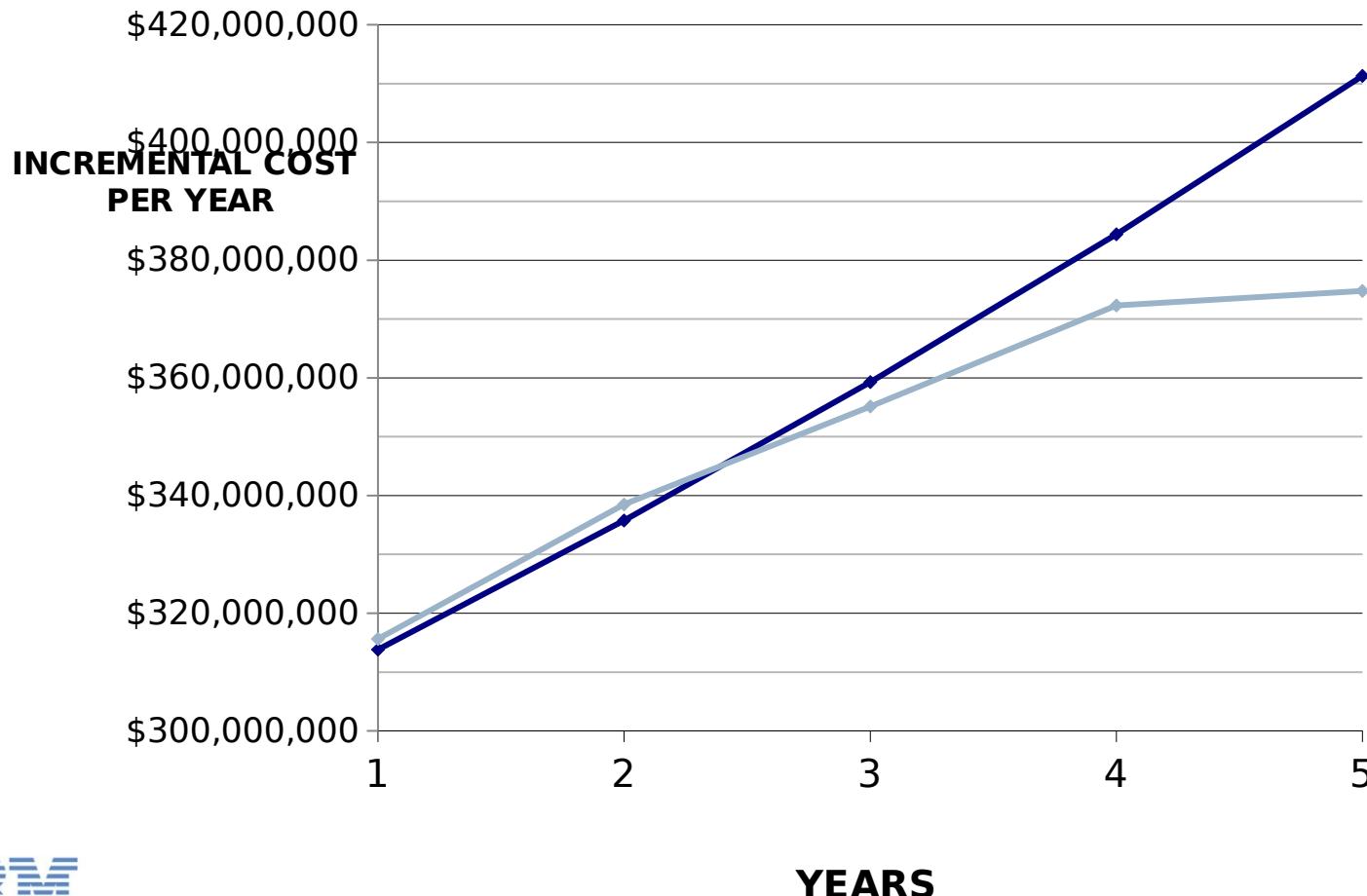
Evaluation Framework

Operations

Vermont Financial Impact



IMPACT OF MEDICAL HOME SAVINGS ACROSS TOTAL POPULATION



Sharp Community Medical Group: Care Transformation Model



Accountable Community
Accountable Care
Organization

Enterprise Level
Activities

Patient-Centered
Medical Home

Patient

Smarter Healthcare...



36.3% Drop in hospital days

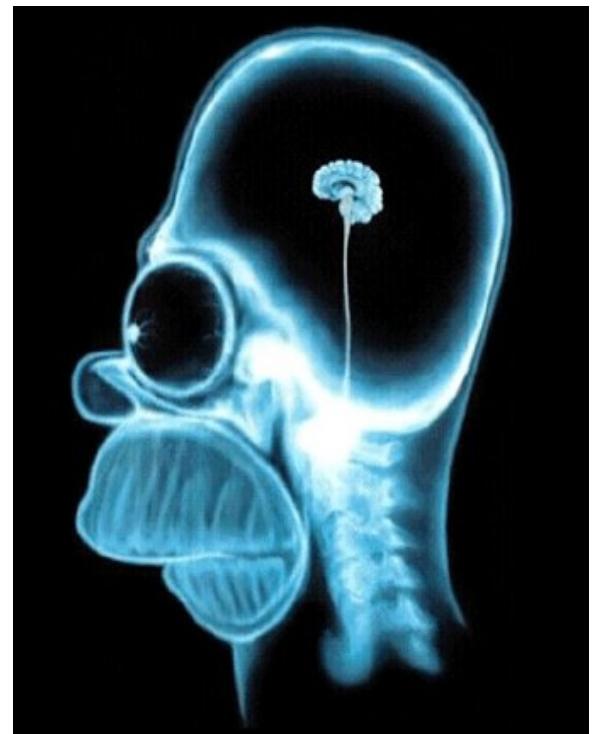
32.2% Drop in ER use

9.6% Total cost

10.5% Inpatient specialty care costs are down

18.9% Ancillary costs down

15.0% Outpatient specialty down



Outcomes of Implementing Patient Centered Medical Home Interventions: A Review of the Evidence from Prospective Evaluation Studies in the US,

K. Grumbach & P. Grundy,

November 16th 2010

...Requires a Smarter
Healthcare Workforce



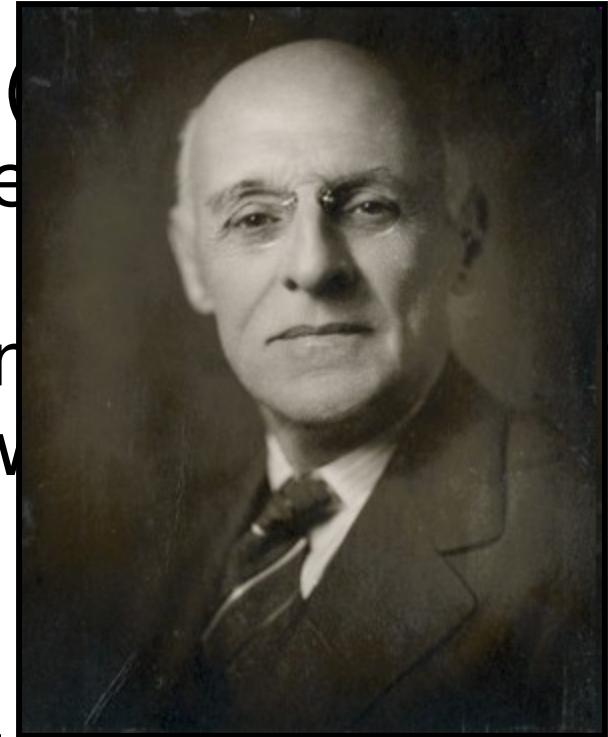
**Where do you train the MHS
Workforce?**

Health Care Transformation

The Flexner Report



"We have, indeed, in America, medical practitioners (communities) not inferior to the best elsewhere; but probably not in the same proportion. There is so great a and so fatal a difference between the best, the average, and the worst."



Abraham Flexner 1910

Payment reform requires more than one method, you have dials, adjust them!!!



“fee for health”



“fee for outcome”



“fee for process”



“fee for belonging/
membership”



“fee for service”



“fee for satisfaction”



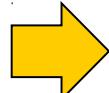
Technology Enables the Progression to Clinical Integration and Accountable Care



“Meaningful Use Enablement”



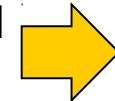
- Digitization & Interoperability
- Identify gaps in care



“Clinical Integration Enablement”



- Team based care and workflow
- Enable Patients
- Manage populations
- Manage performance



“Accountable Care Enablement”



- Price / manage risk
- Create a sustainable economic model

Patient Capabilities

Patient Health Record
Secure Messaging
Online Drug Refills
Online Bill Access and

TRICARE/Health Plan Capabilities

Quality/Clinical Reporting

P4P Metrics

ACO/Financial & Utilization

Analytics

Payment Simulator & Predictive

Care Mgmt/ Coordination

Fraud & Abuse/ Payer 360

Integration & Analytics Platform

HIE /
HIE
Gateway

and /or

Structured and
Unstructured Data
Ingestion

Point to
Point HL7

Clinician Capabilities

MU/Clinical Quality Reporting

P4P Metrics

ACO/Financial and Utilization Metrics

Population Mgmt & Disease Registry

Medication Mgmt/ Care Coordination

Patient Centered Work Flow, Outreach &

Ambulatory and Hospital EMR

Data Warehouse

Claims

Transcribed Reports

Laboratory

Pharmacy/ SureScript S

Please Help US - SHOW US



- The Military as an agent of change (desegregation)
- The Military as an agent of transformation (trauma)
- The Military as a force of historical change (specialization)
- The Military as a builder of Smarter, Integrated Healthcare
- The VA, OPM, MHS, Employer, Community Health, Public



Recommendations



- Continue the journey - build the foundation, the horizontal platform, a place of accountability - PCMH
- Really engage your patients find out what they need and become very **patient centered**
- Stop buying from **unaccountable** care organizations unwilling to transform in TRICARE - Join us
- Stop sending your students to train at **UCO's**
- Set up **MHS workforce standards for education and training** based on guiding principles of PCMH



Integrate Health and Sick care